



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD005451711

REACKNOWLEDGEMENT

LENZ OIL SERVICE INC
ROUTE 1
LEMONT

IL 60439

INSTALLATION ADDRESS

RT 83 & JEANS RD
LEMONT

IL 60439



INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

FOR OFFICIAL USE ONLY

COMMENTS

C															COMMENTS														
C																													
15 16															17 18														
INSTALLATION'S EPT I.D. NUMBER															APPROVED					DATE RECEIVED (yr., mo., & day)									
S ILD0054812112 T/A C															A					801119									
F																													
1 2 - 13 14 15															16					17 - 22									

I. NAME OF INSTALLATION

LENZ OIL SERVICE INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

C																45		
3	ROUTE # 1																	
15	16														45			
CITY OR TOWN																ST.	ZIP CODE	
C																		
4	LEMONT															IL	60	439
15	16														40	41	42	43

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN															ST.			ZIP CODE			
C	5	RT 83 & JEANS RD.																			
15	16																45				
C	6	LEMONT													IL	60439					
15	16																40	41	42	43	

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

C	RUSSELL CHARLES W. VICE PRES															312	323	4898		
2																				
15	16														AR	AG	38	GP	51	63

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

☐ A. GENERATION

☒ **B. TRANSPORTATION** (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (*transporters only – enter “X” in the appropriate box(es)*)

A. AIR

☐ B. RAIL

☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ **A. FIRST NOTIFICATION**☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

C. INSTALLATION'S EPA I.D. NO.

ILD00545171

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

NOV 19 1980 CONTINUE ON REVERSE

D. - FOR OFFICIAL USE ONLY

S	W	I	L	D	0	0	5	4	5	1	7	1	1	2	1
1	2												13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 E003 23 - 26	2 E005 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K086 23 - 26	14 K078 23 - 26	15 K088 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



Vice-President

11-18-80

ILD 005 451 711
123



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

230 SOUTH DEARBORN ST.

CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:

APR 17 1987

5HE-12

**Lenz Oil Service of Lemont
Rt. 83 & Jeans Rd.
Hinsdale, IL 60521**

**Re: Waste-As-Fuel Notification
Requirements for Generators,
Marketers and Burners.
Letter of Warning.**

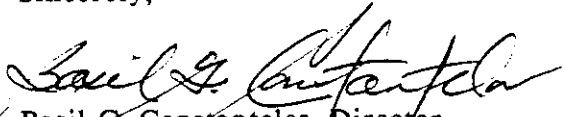
This letter is to notify you that the United States Environmental Protection Agency (U.S. EPA) believes that you may be regulated under the Resource Conservation and Recovery Act (RCRA) because of new waste-as-fuel regulations finalized on November 29, 1985. These regulations are discussed in the Federal Register of November 29, 1985, and are codified in 40 Code of Federal Regulations (CFR) Part 266, Subparts D and E. These regulations apply to: (1) persons who generate hazardous waste that is used to produce a fuel, (2) persons who generate, transport, store, market or burn hazardous waste fuel, and (3) persons who market or burn off-specification used-oil fuel in utility boilers, industrial boilers or furnaces for energy recovery. These persons previously qualified for a recycling exemption under RCRA and were not required to notify the U.S. EPA. New regulations removed this exemption and required generators, marketers and burners to notify the U.S. EPA of their waste-as-fuel activities by January 29, 1986.

Please review the first few pages of the enclosed booklet, and within 30 days of this letter's date, submit a completed Notification of Hazardous Waste Activity Form, if applicable. If you do not believe you are a generator, marketer or burner required to notify, please sign the certification below and return this letter to the U.S. EPA. Signing the certification and returning this letter will remove you from the U.S. EPA regulated facilities list. Failure to respond within the required period may result in additional enforcement action.

If you store hazardous waste fuel prior to marketing or burning for energy recovery, you are also regulated under other provisions of RCRA and are required to submit an application for a hazardous waste permit.

All responses should be sent to Ms. Shirlee Brauer, U.S. EPA Region V, RCRA Enforcement Section, 5HE-12, 230 South Dearborn Street, Chicago, Illinois 60604. Questions may be directed to the RCRA/Superfund Hotline at (800) 424-9346 or to either Ms. Brauer at (312) 886-4591 or Ms. Laura Lodisio at (312) 886-7090.

Sincerely,


Basil G. Constantelos, Director
Waste Management Division

Enclosure

After reviewing the information provided, I certify that I am not a marketer or burner of waste-as-fuel and that I do not generate hazardous waste used to produce a fuel. Therefore, I am not subject to the regulations finalized on November 29, 1985, which are codified in 40 CFR Part 266, Subparts D and E. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title

Date Signed

All responses should be sent to Ms. Shirlee Brauer, U.S. EPA Region V, RCRA Enforcement Section, 5HE-12, 230 South Dearborn Street, Chicago, Illinois 60604. Questions may be directed to the RCRA/Superfund Hotline at (800) 424-9346 or to either Ms. Brauer at (312) 886-4591 or Ms. Laura Lodisio at (312) 886-7090.

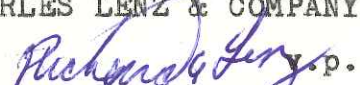
Sincerely,


Basil G. Constantelos, Director
Waste Management Division

RECEIVED
FEB 08 1988
U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
OFFICE OF THE DIRECTOR

Enclosure

After reviewing the information provided, I certify that I am not a marketer or burner of waste-as-fuel and that I do not generate hazardous waste used to produce a fuel. Therefore, I am not subject to the regulations finalized on November 29, 1985, which are codified in 40 CFR Part 266, Subparts D and E. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title	Date Signed
CHARLES LENZ & COMPANY		
By:  v.p.	Richard A Lenz, v.p.	02/05/88

Charles Lenz & Company
1615 South 55th Avenue
Cicero 50, Illinois

Lenz Oil Service, Inc.

Route #1
LEMONT, ILLINOIS 60439
(312) 323-4898

RECEIVED
NOV 20 1984

November 13, 1984

U.S. Environmental Protection Agency
Region 5 5HW-13
230 S. Dearborn
Chicago, Ill 60605

WASTE MANAGEMENT
BRANCH

1LD005451711 TRS, TJP, PA

RECEIVED

Ms. Zeta Thomas

NOV 20 1984

Dear Ms. Thomas:

WMD-RAIU
EPA, REGION V

As per our phone conversation on November 13, 1984, Lenz Oil Service would like to drop our hazardous part A of our E.P.A. permits. We at this time handle no hazardous waste. We also choose not to handle hazardous waste because of the cost that would be involved. I am including a brief letter of what we do at our facility.

Our main stay is oil we buy and sell oil for recycling and fuels. Our waste crank case oil is sold as is to a re-refiner for the market price. We also buy residual oils and fuels oils that go to a reprocessor for fuel applications.

We have various size trucks that are dispatched or scheduled for weekly, monthly or on call stops that produce oil. The trucks filter the oil when they load and then return to the plant where the oil is unloaded into various tanks. Residual fuels that are bought have to be kept warm so they can be handled. This is done by steam coils in our tanks.

We do not at this time store any oil, our cash flow does not allow us to do this. We have to move oil at the same rate that we pick it up.

The following questions do arise out of this:

1. We will drop our hazardous part of our permits but, if the crank case oil does change from its present non-hazardous to hazardous, will we be able to retain or apply for them again?
2. We are working on our closure plan as needed with a Mr. George Nobel telephone number (312) 677-8410. If we do not store treat or handle hazardous waste do we need to set up a trust for closure insurance?

Sincerely,

Charles W. Russell

Charles W. Russell
President

NO ACTION TAKEN
PENDING DECISION ON WITHDRAWAL
BY EPA STAFF
DATE 11/28/84

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;"> ILD 005451711 </div>
II. POLLUTANT CHARACTERISTICS		III. NAME OF FACILITY	

PLEASE PLACE LABEL IN THIS SPACE

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C	1	SKIP	LENZ OIL SERVICE INC.
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
C	2	312	323 4898
RUSSELL CHARLES W.			

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	3	4	5	6	7
ROUTE # 1		LEMONT		IL	60439

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
C	5	6	7	8	9	10	11
RT 83 & LEANS RD		DUPAGE		LEMONT	IL	60439	

VIII. OPERATOR INFORMATION

26										55																								
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND				
B LEMONT																				IL					60439					Is the facility located on Indian lands?				
																														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
40										41		42		47		51		52																

X. EXISTING ENVIRONMENTAL PERMITS														
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)				
C	T	I								C	T	I		
9	N									9	P			
15	16	17	18	-			30	15	16	17	18	-		30
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)				
C	T	I								C	T	I		
9	U									9			STATE	
15	16	17	18	-			30	15	16	17	18	-		30
C. RCRA (Hazardous Wastes)										E. OTHER (specify)				
C	T	I								C	T	I		
9	R									9			STATE	
15	16	17	18	-			30	15	16	17	18	-		30

(specify)
Generator 0311620012
Registration 0266

(specify)
Authorization II 997960
Site #

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

The purpose of the business is for reclamation of waste oil, with a petroleum base but we would like to be licensed to handle waste solvents with the intention of using them for blending with # 6 oil.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
		

COMMENTS FOR OFFICIAL USE ONLY	
e	
C	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
(specify)										(specify)									
C. THIRD										D. FOURTH									
(specify)										(specify)									

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?									
RUSSELL CHARLES W.										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify) Private									
E. STREET OR P.O. BOX										312 323 4898									
RT. 1 RT. 83 & JEANS RD.																			
F. CITY OR TOWN										G. STATE H. ZIP CODE									
LEMONT										IL 60439									
IX. INDIAN LAND										Is the facility located on Indian lands?									
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										STATE GENERATOR 0311620012 REGISTRATION 0266									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										STATE AUTHORIZATION # 997960 SITE #									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

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XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Charles W. Russell, Owner										Charles W Russell										10/9/80									
COMMENTS FOR OFFICIAL USE ONLY																													

FORM 3 RCRA		ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER										T/A C	
			740 120005451711										1	

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)												
<table border="1"><tr><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td>49</td><td>01</td><td>01</td></tr></table> FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	YR.	MO.	DAY	49	01	01	<table border="1"><tr><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td></td><td></td><td></td></tr></table> FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	YR.	MO.	DAY			
YR.	MO.	DAY											
49	01	01											
YR.	MO.	DAY											

B. REVISED APPLICATION (place an "X" below and complete Item I above)

<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
---	--

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S										T/A C	
C										1	
12										13 14 15	
B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	
LINE NUMBER	A. PROCESS CODE (from list above)	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			LINE NUMBER	A. PROCESS CODE (from list above)	1. AMOUNT	2. UNIT OF MEASURE (enter code)		
X-1	S 0 2	600	G			5					
X-2	T 0 3	20	E			6					
1	502	80,000	G			7					
2						8					
3						9					
4						10					

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04

We transport solvents to another facility where they are used for blending

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY																
S 1 L D 0 0 5 4 5 1 7 1 1 T/A C 1															S W DUP T/A C 2 DUP 740																
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																															
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																											
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))																			
				23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
1	K003	2400	P														T04														
2	K005	2400	P														T04														
3	K078	2880	P														T04														
4	K086	2400	P														T04														
5	K088	2400	P														T04														
6																															
7																															
8																															
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25																															
26																															

IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	1	L	D	0	0	5	4	5	1	7	1	1	T/A	C	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

55	56	57	58	59	60	61	62	63	64	65
----	----	----	----	----	----	----	----	----	----	----

72	73	74	75	76	77	78	79
----	----	----	----	----	----	----	----

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Charles W. Russell

Charles W. Russell

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Charles W. Russell

Charles W. Russell

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

EPA I.D. NO. (enter from page 1)												
S											T/A	C
F	1	L	D	0	0	5	4	5	1	7	1	6

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

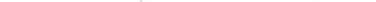
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)															
Charles W. Russell										312-323-4898															
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE			
R# 5 Box 312										Lockport,										I 1		60441			

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) Charles W. Russell	B. SIGNATURE 	C. DATE SIGNED 10/9/80
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I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

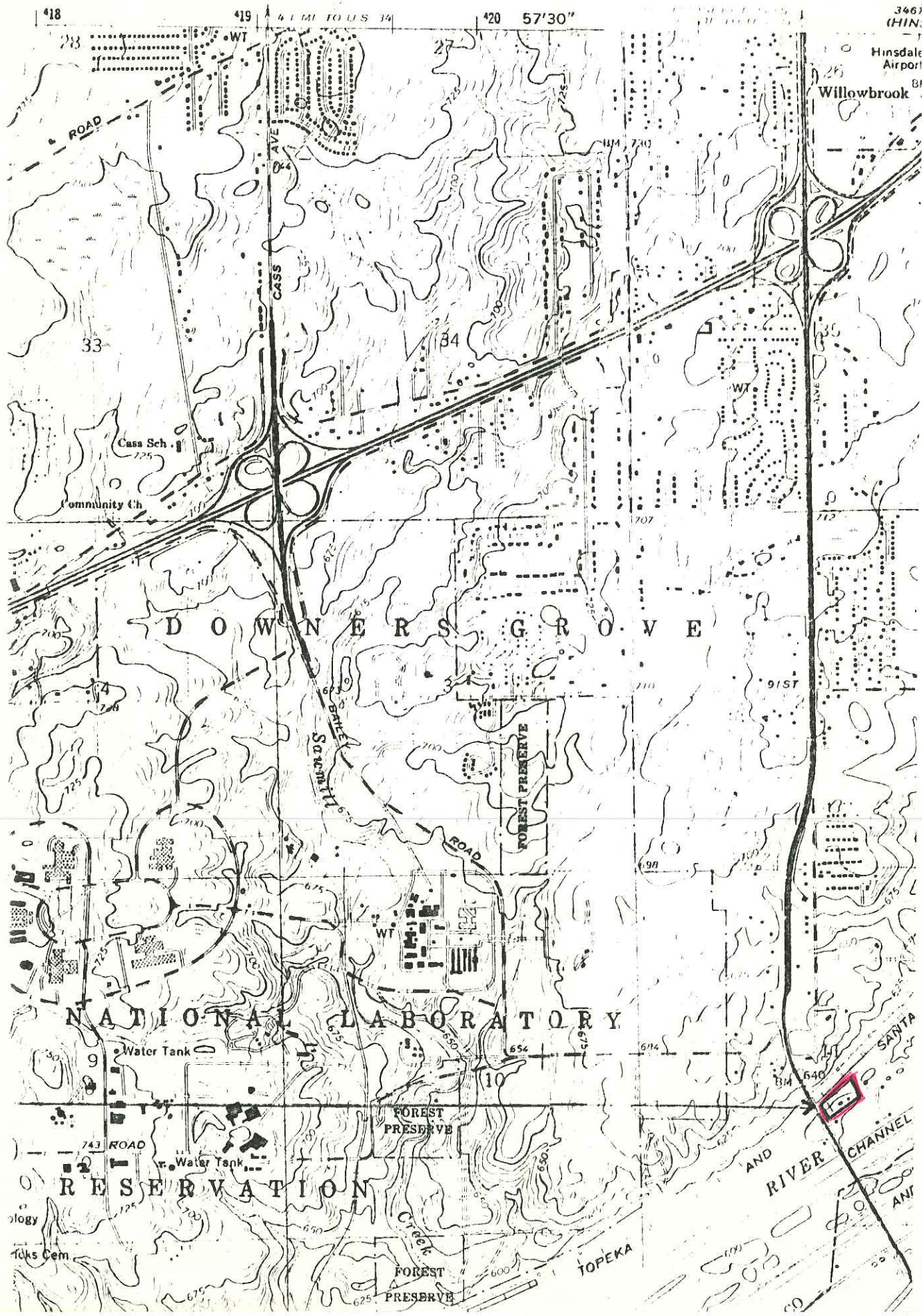
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

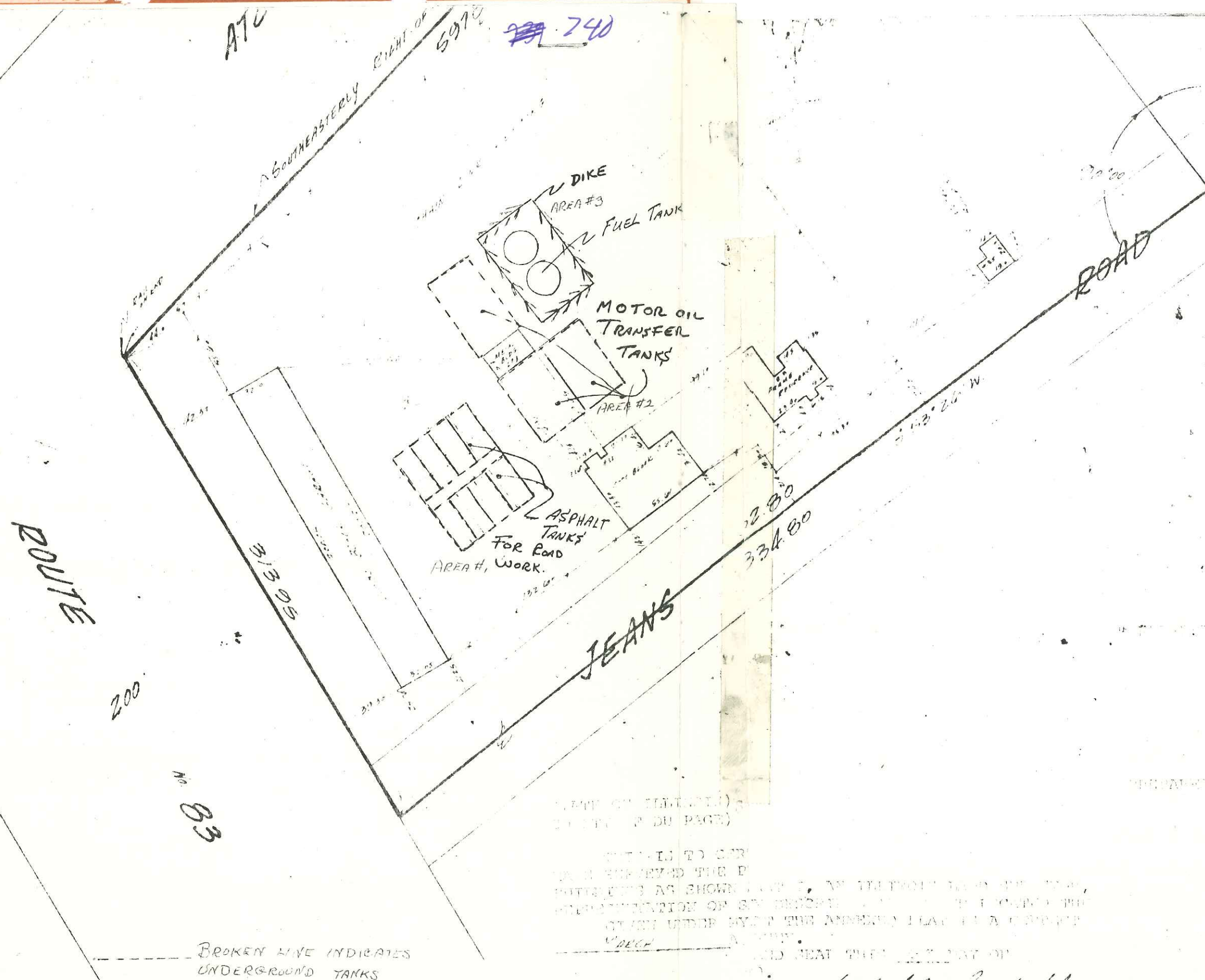
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Charles W. Russell	Charles W Russell	10/9/80

STATES
THE INTERIOR
SURVEY

ATTACHMENT NO. 1

22A740





DATE OF RECEIPT)
PAGE)

THIS IS TO CERTIFY THAT I RECEIVED THE PHOTOGRAPH AS SHOWN LAST, AND THE PHOTOGRAPH IS A TRUE AND FAITHFUL REPRESENTATION OF SAM BUCKLEY. I HAVE NOTED THE STAMP UNDER MYST THE ADDRESS 1142 E. A. STREET, CHICAGO, ILL.

AND BEAT THEM 50 FEET APART

Robert L. Lambert

WILSON'S LAND CO. 1000 1/2 N. 10th St. U



Underground Concrete
Storage Tanks



Storage Tanks
For Asphalt



Storage Garage for
Equipment



Repair Shop



Fuel & Gas Storage Tanks



Office